

Idaho 21st Century Community Learning Centers Grant 2009-2010 Grant Application Forms

GRANT APPLICATION COVER PAGE

FOR OFFICE USE ONLY

APPLICANT IDENTIFIER:	POSTMARK DATE:	DATE RECEIVED AT SDE
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APPLICANT INFORMATION

YEAR 1 FUNDING REQUESTED

1(A) Name of Application/Organization/Consortium	2. Authorized applicant representative: Title: Phone: _____ Fax: _____ Authorized rep. Email: _____ Project director: Title: Phone: _____ Fax: _____ Director's summer phone: _____ Director's e-mail: _____
1(B) Address of the authorized applicant representative to which grant correspondence is to be sent:	
*3. School district and region numbers: District # _____ Region # _____	4. This project is a consortium proposal: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please identify the fiscal agent: _____
*5.(A) Total number of sites where services will be provided: (B) Total number of school building populations to be served: *(if more than one site or school building, complete Cover Page Addendum, A-28 and do not complete items (C) & (D) below (C) School building is identified for 2006-2007 as in need of improvement under Title I: <input type="checkbox"/> YES <input type="checkbox"/> NO (D) School building 2006-2007 poverty rate: _____ %	6. Federal tax identification number (TIN) of fiscal agent: - *7. Student population to be served (check all that apply): <input type="checkbox"/> Elementary school <input type="checkbox"/> Middle school <input type="checkbox"/> High school
	*8. Types of community partners (check all that apply): 1. <input type="checkbox"/> School district 2. <input type="checkbox"/> Faith-based organization 3. <input type="checkbox"/> National organization 4. <input type="checkbox"/> Library/museum 5. <input type="checkbox"/> Community-based organization 6. <input type="checkbox"/> County/city agency 7. <input type="checkbox"/> Health/mental health provider 8. <input type="checkbox"/> College/university
*9. Types of Activities to be Provided (check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1. <input type="checkbox"/> Remedial/academic enrichment 3. <input type="checkbox"/> Arts/music education 5. <input type="checkbox"/> Tutoring/mentoring programs 7. <input type="checkbox"/> Recreational activities 9. <input type="checkbox"/> Expanded library service hours 11. <input type="checkbox"/> Truant/suspension/expulsion program 13. <input type="checkbox"/> Health/mental health services </div> <div style="width: 50%;"> 2. <input type="checkbox"/> Mathematics/science education 4. <input type="checkbox"/> Entrepreneurial education 6. <input type="checkbox"/> English language learners program 8. <input type="checkbox"/> Telecommunications/technology programs 10. <input type="checkbox"/> Parent involvement/family literacy 12. <input type="checkbox"/> Drug/violence prevention, counseling 14. <input type="checkbox"/> Other _____ </div> </div>	
10. (A) Project start date <input type="checkbox"/> 07/01/09 (B) Project duration Five Years: <input type="checkbox"/> 07/01/09 – 06/30/14	*11. (A) All center sites will charge a fee for services: <input type="checkbox"/> Yes <input type="checkbox"/> No (B) All center sites are currently licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No
*12. Service Options (check all that apply): <input type="checkbox"/> After school only <input type="checkbox"/> Both before-and after-school <input type="checkbox"/> Full days during summer break <input type="checkbox"/> Full days during school year when school is not in session	

* If a cooperative proposal, leave blank and provide this information for each participating school building/site on Cover Page Addendum (A-29), Instructions on the following page,

INSTRUCTIONS FOR COMPLETING THE COVER PAGE

This form is available at <http://www.sde.idaho.gov/site/cclc> in PDF format and WORD. The forms may be printed from the web site, but cannot be submitted. The WORD document may be saved to your computer. Note that the shaded boxes are for office use only. Do not write any information in any of the shaded boxes. Specific instructions for each section of the "Cover Page" are found below. If services will be provided at only one site or will serve only one school building population, complete all boxes on the "Cover Page." If services will be provided at more than one site or will serve more than one school building population, complete boxes 1, 2, 4, 6, 10, and 11 on the "Cover Page" that do not have an asterisk (*). In addition, complete the "Cover Page Addendum" form (A-29) providing information requested in "Cover Page" boxes 3, 5, 7, 8, 9, 11, and 12 for each participating site and school building.

#1 Name and mailing address of applicant/organization/consortium. 1 (A): Indicate the name of the applicant (e.g., school district, name of consortium, non-profit educational organization, etc.). For a consortium, use the "Cover Page Addendum" form (A-29) to supply this information for *each* site. 1 (B): Provide the address of the authorized applicant representative to which all grant correspondence will be sent.

#2 Authorized applicant representative and project director. The *authorized applicant representative* represents the applicant organization or consortium, will sign the application on its behalf, and will provide information about the proposal during the application process. List the name of the non-profit president, superintendent, or authorized representative of a consortium. This person will be the primary contact for correspondence about the grant application, including notification of funding decision. The *project director* will be directly responsible for the day-to-day operations of the project and could be contacted as a secondary source of information about the proposal.

#3 School region and district number. For a single site located in a school building, provide the school region and district number of the school the site is affiliated with (e.g., XYZ Public Schools). If services will be provided at a single alternative site, indicate the school region and district number of the school district attended by the students to be served at the alternate site. This number may be obtained by finding the school district name as it appears in the Idaho Education Directory which can be accessed at http://www.sde.idaho.gov/site/edu_directory/docs/Educational%20Directory.pdf (For a consortium, complete the "Cover Page Addendum" form (A-29) to supply this information for *each* site where services will be provided.

#4 Consortium proposal. If a single organization is involved with the project, check "no." For a consortium proposal, check "yes" and indicate the fiscal agent responsible for all financial matters concerning the grant. Upon grant award, grantees with fiscal agents will be asked to provide a copy of a written agreement between the fiscal agent and all co-applicants, specifying the fiscal agent's duties and responsibilities. Fiscal agents are subject to the approval of SDE. Consortia applicants must submit two additional forms (A-27 and A-29) that are available on the Idaho 21st CCLC web site at <http://www.sde.idaho.gov/site/cclc>.

#5 Site information. (A) Indicate the total number of *sites* where services will be provided. (B) Indicate the total number of *school building* populations to be served. If services will be provided at one site and will serve one school building population, complete items 5(A)-5(D). If services will be provided at more than one site or will serve more than one school building population, complete the "Cover Page Addendum" form (A-29) to supply the information requested in boxes 5(A) -5(D) for *each* site/school building. Consortia applicants **should not complete** Cover Page Boxes 5(A)-5(D).

For single site applicants: (C) Respond "Yes" or "No" to indicate whether or not the school building is identified for 2006-2007 as in need of improvement per Title I (Section 1116). (D) Provide the poverty rate or percentage of students qualifying to receive free or reduced-cost meals as reported to the Idaho Department of

Education for the 2009-2010 school year as published in the 2008-2009 Title I Eligible Schools at:
http://www.sde.idaho.gov/site/cnp/status_docs/2008MarchEligibilityReports.xls.

#6 Federal tax identification number (TIN). For a consortium, the TIN provided should be for the fiscal agent identified in Box 4.

#7 Student population to be served. Check all of the student populations that will be served by any facet of the project.

#8 Types of Community Partners. Check all boxes that apply to indicate the types of community partners that will collaborate in the 21st CCLC project.

#9 Types of activities to be provided. Check all boxes that apply to indicate the types of activities to be provided.

#10 Project start date and project duration. For 11 (A) check the desired start date that must be 07/01/09. Mark the duration in 11 (B). All projects may be funded for up to 5 years.

#11 Site licensure. (A) If the site will charge a fee for services, check "Yes." If the site providing services will not charge a fee, check "No." (B) If the site is currently licensed by the State of Idaho, check "Yes." If the site providing services is not currently licensed, check "No."

#12 Service Option. (Check all that apply.)

See the example of a completed Cover Page in the Guidance Packet, Section G-G.1
<http://www.sde.idaho.gov/site/cclc> for more information.

21 CENTURY COMMUNITY LEARNING CENTERS 2008-2009 GRANT APPLICATION FORMS

STATEMENT OF ASSURANCES SIGNATURE PAGE

The applicant(s) for the Idaho 21st Century Community Learning Centers grant hereby assure(s) the Idaho Department of Education that:

- ◆ The applicant(s) is/are an 'eligible entity' for the 21st Century Community Learning Center (21st CCLC) award as such term is defined by federal law (20 U.S.C. 7173(b)) that proposes(s) to serve (A) students who primarily attend-(1) schools eligible for schoolwide programs under section 1114 [20 USGS § 6314]; or (2) schools that serve a high percentage of students from low-income families; and (6) the families of students described in subparagraph (A). Equal opportunities will be provided to persons without discrimination because of race, national origin, creed, age, marital status, sex or disability.
- ◆ The findings of evaluations of programs operated by this applicant during previous years were considered when planning the programs proposed in this application.
- ◆ The activities proposed in this application take into consideration other educational agency and/or community programs in order to assure a coordinated approach and to avoid duplication of effort.
- ◆ 21st Century Community Learning Centers (21st CCLC) Grants will not be used to supplant federal, state or local funds. 21st CCLC grants will not be used to fund ongoing projects or activities.
- ◆ Statistical, financial, and descriptive reports required by the Idaho Department of Education will be submitted in accordance with applicable laws and regulations. Applicants will provide student data in aggregate form for the purpose of substantiating the project's impact on student learning.
- ◆ Income and expenditure records will be audited in accordance with the appropriate auditing standards for that entity (i.e., governmental, non-profit educational organizations) and any additional auditing criteria specified in the grant award. The State of Idaho will have access to the financial records for this project for a period of five complete fiscal years after the conclusion of the project period.
- ◆ A copy of all materials developed using grant funds will be provided to the Idaho Department of Education. The rights to the copyright of all materials produced under the grant are retained by the State of Idaho unless otherwise specified in the grant. The department reserves the right to reproduce and distribute any materials produced in whole or in part with grant funds, in addition to any such rights maintained by the federal government.
- ◆ The applicant has the legal authority to conduct all activities proposed to be funded under the grant.
- ◆ Applicants will adhere to restricted costs and other policies as set forth in the grant application and Guidance publications unless waived by SDE. The program will be administered in accordance with all applicable statutes, regulations, program plans and applications.
- ◆ Funds under the program will be used to increase the level of state, local and other non-federal funds that would, in the absence of these federal funds, be made available for authorized programs and activities, and will not supplant federal, state, local, or non-federal funds.
- ◆ Unless otherwise provided by applicable laws or regulations, any personal property or equipment purchased with 21st CCLC grant funds shall be considered the property of the grantee(s). Any other proposed ownership of property or equipment purchased with 21st CCLC grant monies must be stipulated in the grant proposal and is subject to approval by SDE. All

maintenance or replacement of any property or equipment purchased with 21st CCLC grant funds will be the responsibility of the grantee(s).

- ◆ The program will primarily target students who attend schools eligible for Title I schoolwide programs and their families.
- ◆ The community was given notice of intent to submit an application. After the submission, the applicant will provide for public availability and review of the application and any waiver request(s).
- ◆ The transportation needs of participating students are addressed in the application.
- ◆ The proposed program was developed, and will be carried out; in active collaboration with the schools the students attend.
- ◆ The application includes a plan describing how community learning center(s) to be funded through the grant will continue after funding ends (sustainability plan).
- ◆ Program liability insurance will be provided by the applicant(s).
- ◆ If site space is leased from or provided by a sectarian organization, the classes and students shall be physically separated from any religious classes/activities and instruction, and there shall be no religious artifacts, symbols, iconography, or materials on display in the site's entrance, classrooms, or hallways.
- ◆ The applicant will:
 - Enforce any obligations imposed on agencies, institutions, organizations, and other partners responsible for carrying out the program as specified in the application;
 - Correct deficiencies in program operations that are identified through audits, monitoring, or evaluation; and,
 - Adopt written procedures for the receipt and resolution of complaints in the administration of the program.
- ◆ **The school district(s) will provide access to pertinent student data to applicant or partnering agencies. The school district(s) and collaborating partners will share data required by the evaluation component.**
- ◆ Equitable services will be offered to non-public school students and their families, if those students are part of the qualifying target population.
- ◆ The program will have access to needed space and resources.
- ◆ The program will take place in a safe and easily accessible facility.

Signature of Primary Applicant Representative

13. To the best of my knowledge and belief, all information in this application is true and correct. The document has been approved by the board(s) or governing body(ies) of the applicant(s) and the applicant(s) will comply with the assurances listed above if the assistance is awarded. The individual who is authorized by the governing body of the applicant to sign on behalf of the organization should sign below. All co-applicant representatives, must sign the <i>21st Century Community Learning Center Grant Program Consortia Partners Signature Page (A-27)</i> .		
a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative	e. Representing	f. Date Signed

Instructions on the following page.

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ASSURANCES SIGNATURE PAGE

This form is available at <http://www.sde.idaho.gov/site/cclc> in PDF format. It may be printed through the web site, but cannot be submitted electronically.

A statement of assurance is required to ensure compliance with SDE guidelines and applicable state and federal law.

Signature of Primary Applicant Representative

Single applicant. Each grant application must be signed by a primary applicant representative to indicate that the board of the applicant organization has officially approved the completed application and agrees to comply with the assurances. After a single applicant has obtained approval by the board, generally one of the following would sign the application as the primary applicant representative if authorized to sign on behalf of the board:

Schools	Superintendent
Faith-based Organization	Board president, pastor
City	Mayor
County Chair of the	County Board
Foundation	Executive Director

The signature must be that of the applicant representative identified in Box 2 on the Cover Page.

Consortium applicant. A representative of one of the eligible applicants of the consortium must be selected to represent the group as the primary applicant representative. This individual will sign the “Statement of Assurances” in Box 13 on page A-24 as noted above to represent the consortium (e.g., ABC Consortium) and will also sign the “Consortia Partners Signature Page” (A-27) on behalf of their individual organization (e.g., XYZ Public Schools). All consortia co-applicants (including the primary applicant representative, if representing another entity in addition to the entire consortium) must sign the “Consortia Partners Signature Page” form. Each signature attests to the individual board’s approval of the application, in-kind/matching contributions, and commitment to the assurances. A co-applicant is any group or organization receiving services from, or providing services/resources to, the proposed project.

Summary of necessary signatures...

- 1) “Statement of Assurances Signature Page” (A-24), -primary applicant representative

Consortia applicants must also submit the Consortia Partners Signature Page form (A-27) that is available on the 21st CCLC web site at <http://www.sde.idaho.gov/site/cclc>. While these forms may be completed and printed through the web site, they cannot be submitted electronically.

- 2) Consortia Partners Signature Page” (A-27): qualified board authorized representative from each co-applicant organization.

See the example of a completed Statement of Assurances Signature Page in the Guidance Packet, Section G-G.2 <http://www.sde.idaho.gov/site/cclc> for more information.

21 CENTURY COMMUNITY LEARNING CENTERS 2009-10 GRANT APPLICATION FORMS CONSORTIA PARTNERS SIGNATURE PAGE

Consortium Applicant Name

SIGNATURE STATEMENT

14) To the best of my knowledge and belief, all information in this application is true and correct. We are co-applicants in the proposed project. This document and participation in this project have been approved by the board (or governing body) of the undersigned school district(s) or organization(s). We will comply with the statement of assurances if the assistance is awarded.

a. Typed name of authorized representative	b. Title	c. Date Signed
d. Signature of authorized representative	e. Representing	f. Telephone number
a. Typed name of authorized representative	b. Title	c. Date Signed
d. Signature of authorized representative	e. Representing	f. Telephone number
a. Typed name of authorized representative	b. Title	c. Date Signed
d. Signature of authorized representative	e. Representing	f. Telephone number
a. Typed name of authorized representative	b. Title	c. Date Signed
d. Signature of authorized representative	e. Representing	f. Telephone number
a. Typed name of authorized representative	b. Title	c. Date Signed
d. Signature of authorized representative	e. Representing	f. Telephone number
a. Typed name of authorized representative	b. Title	c. Date Signed
d. Signature of authorized representative	e. Representing	f. Telephone number

INSTRUCTIONS FOR COMPLETING THE CONSORTIA PARTNERS SIGNATURE PAGE

This form is available at <http://www.sde.idaho.gov/site/cclc> in PDF or WORD format. It may be printed through the web site but cannot be submitted electronically.

This form is intended to document all participating co-applicants in the project.

Consortium applicant. All consortia co-applicants (including the primary applicant representative, if representing another entity in addition to the entire consortium) must sign the "21st Century Community Learning Centers Grant Program Consortia Partners Signature Page" form (A-27). Each signature attests to the individual board's approval of the application, in-kind/matching contributions and commitment to the assurances. A co-applicant is any group or organization receiving services from, or providing services/resources to, the proposed project.

Summary of necessary signatures...

"Consortia Partners Signature Page" (A-27):

-A qualified representative from each co-applicant organization.

Consortia applicants must submit the "Consortia Partners Signature Page" form (A-27) that is available on the 21st CCLC web site at <http://www.sde.idaho.gov/site/cclc>.

See the example of a completed Consortia Partners Signature Page in the Guidance Packet, Section G-G.2, <http://www.sde.idaho.gov/site/cclc> more information.

21st CENTURY COMMUNITY LEARNING CENTERS 2009-2010 GRANT COVER PAGE ADDENDUM

Return to:
21st CCLC, ID Dept. of Education
P.O. Box 83720
Boise, ID 83720-0027

(For consortium participants to provide information for Cover Page Boxes 1, 3, 5, 7, 8, 9, 11 and 12)

Consortium Applicant Name:

New 10/08
Date Due: 01/30/09 4pm MST

Table A: Identification of Participating Sites/School Building Target Population

A NAME OF CENTER SITE (CS)	B CS #	C SCHOOL BUILDING (SB) TARGET POPULATION	D SB #	E SCHOOL DISTRICT NAME	F REG #	G DIST #	H SITE				I STUDENTS TO BE SERVED	
							Fee		Licensed		By Site	By Bldg.
							Yes	No	Yes	No		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If space is needed to list more than 6 participating sites/school building target populations, attach additional copies of this page.

Table B: Absolute/Competitive Priority Information by School Building Target Population

	ABSOLUTE PRIORITY	SB #	SB #	SB #	SB #	SB #	SB #	SB #	SB #	% MET
I.	The school building to be served had a Title I schoolwide program OR at least 40% of the students qualified to receive free or reduced-cost meals.									
	COMPETITIVE PRIORITIES									
II.	The school building to be served has been designated as in need of improvement under Title I (Section 1116).									
III.	The application is submitted jointly by the Title I schoolwide eligible building to be served AND at least one community-based organization.									
IV.	The school building to be served has a poverty rate of 60.00% or higher OR 60% or more of its students qualify to receive free or reduced-cost meals.									

Table C: Cover Page Information by Center Site

	ADDITIONAL SITE INFORMATION	CS #	CS #	CS #	CS #	CS #	CS #	CS #	CS #
V.	Population to be served								
VI.	Types of community partners								
VII.	Types of activities to be provided								
VIII.	Service options								

See instructions on the following page for a key to abbreviations.

INSTRUCTIONS FOR COMPLETING THE 21st CCLC GRANT COVER PAGE ADDENDUM

Table A: Identification of Participating Sites/School Building Target Population

This form is available at <http://www.sde.idaho.gov/site/cclc> in PDF and WORD format. It may be printed through the web site but cannot be submitted electronically.

Column A-Name of center site (CS). Indicate the name of each building site (e.g., ABC Elementary School) where services will be provided. If services will be provided at an alternative site other than a school building, indicate the name of the building (e.g., Girls Club) where services will be provided. List center sites in alphabetical order.

Column B-Center site number (CS#). Assign a number to each center site (e.g., 1, 2). After identifying all sites in column "A", refer to sites by the designated center site name and number consistently throughout the application.

Column C-School building (SB) target population. Indicate the name of the corresponding school building (e.g., ABC Elementary School) attended by the target population to be served at this center. List school building sites in alphabetical order by site.

Column D-School building number (SB#). Assign a code number to each school building identified in column "C" using the center site number first (e.g. 1) followed by letters of the alphabet to differentiate between the "feeder" schools to the site (e.g. 1 a, 1 b). Refer to each school building by the designated school building number consistently throughout the application.

Column E-School district name. Indicate the name of the school district with which each school building is affiliated (e.g., XYZ Public Schools). If services will be provided at an alternative site, indicate the name of the school district attended by the students to be served at the alternate site. Use the school district name as it appears in the Idaho Education Directory found at http://www.sde.idaho.gov/site/edu_directory/docs/Educational%20Directory.pdf.

Column F-School region and district number. Provide the school region and district number of each school district listed in column "C." See the Idaho Education Directory at http://www.sde.idaho.gov/site/edu_directory/docs/Educational%20Directory.pdf.

Column G-Site licensed (Site). As requested in box 11(A) of the "Cover Page," if the site providing services will charge a fee, check "Yes;" if it will not, check "No." As requested in box 11(B) of the "Cover page," if the site providing services are currently licensed by the State of Idaho, check "Yes;" if it is not, check "No."

Column H-Students to be served. For each *site* and each *school/ building* provide the unduplicated number of students to be served per year by this project.

Table B: Absolute/Competitive Priority Information by School Building Target Population

Before providing information requested in Table "B," list each school building target population number (SB#) designated in Column "D" of Table "A" in the first row of the table. For each individual school building identified in Table "A," provide the requested responses to items I-IV. Please note: For cooperative proposals involving more than one school building, at least 50% of the school buildings to be served must individually meet an absolute or competitive priority in order for the cooperative to receive points for that priority. The non-qualifying school(s) must meet some of the competitive funding priorities. For non-school sites, provide data for the pertinent populations to be served.

#I.-Absolute priority (poverty). For each individual school building population provide the poverty rate or percentage of students qualifying to receive free or reduced-cost meals as reported to the Idaho Department of Education for the 2009-2010 school year. Use the figure reported to SDE as published in the 2008-09 Idaho Title I Eligible Schools Report which is available at http://www.sde.idaho.gov/site/cnp/status_docs/2008MarchEligibilityReports.xls. (page G-F.3)

#II.-Competitive priority (school improvement status). For *each* individual school building population respond "Yes" or "No" to indicate whether or not the building was identified for 2009-2010 as in need of improvement per Title I (Section 1116). published in the 2008-2009 Title I Eligible Schools Report, which is available at http://www.sde.idaho.gov/site/cnp/status_docs/2008MarchEligibilityReports.xls. (directions found on page G-F.3)

#III.-Competitive priority (collaborative proposal). For *each* individual school building population respond "Yes" or "No" to indicate whether the application is submitted jointly by a Title I schoolwide eligible school building AND at least one community-based organization.

#IV.-Competitive priority (extreme poverty rate). For *each* individual school building respond "Yes" or "No" to indicate whether the poverty rate or percentage of students qualifying to receive free or reduced-cost meals as reported to the Idaho Department of Education for the 2009-2010 school year is above 60 % as published in the 2008-2009 Title I Eligible Schools Report, which is available at G-N.1 or at http://www.sde.idaho.gov/site/cnp/status_docs/2008MarchEligibilityReports.xls.

Percentage met. After completion of the Absolute and Competitive Priorities in Table "B," complete the "% Met" column, by indicating the percentage of sites that meet each individual priority. For example, if 3 out of 4 sites meet a competitive priority, 75% would be written in the "Percentage Met" column for that priority.

Table C: Cover Page Information by Center Site

Before providing the information requested in Table "C," list each center site number (CS#) designated in Column "B" of Table "A" in the first row of the table. For *each* individual center site identified in Table "A," provide the requested responses to items V -VIII.

#V.-Population to be served. As requested in box 9 of the "Cover Page," for *each* individual site indicate all of the student populations that will be served by any facet of the project at that site. For elementary school students write "E," for middle school students write "M," and for high school students write "H."

#VI.- Types of community partners. As requested in box 8 of the "Cover Page," for *each* individual site indicate all of the types of community partners that will collaborate in the 21" CCLC project, using the following numerical key: 1) School district, 2) Faith-based organization, 3) National organization, 4) Library/museum, 5) Community-based organization, 6) County/city agency, 7) Health/mental health provider, and 8) College/university.

#VII.- Types of activities to be provided. As requested in box 9 of the "Cover Page," for *each* individual site indicate all of the types of activities that will be provided at that site using the following numerical key: 1) Remedial/academic enrichment, 2) Mathematics/science education, 3) Arts/music education, 4) Entrepreneurial education, 5) Tutoring/mentoring programs, 6) English language learners program, 7) Recreational activities, 8) Tele-communication/technology programs, 9) Expanded library service hours, 10) Parent involvement/family literacy, 11) Truant/suspended/expelled programs, 12) Drug/violence prevention, counseling, 13) Health/mental health services, and 14) Other.

#VIII.-Service options. For *each* Individual site indicate all of the services that will be available by using the following numerical key: 1) Afterschool only, 2) Both before- and afterschool, 3) Full days during school year when school not in session, 4) Full days during summer break and 5) Supplemental funding request.

See the example of a completed Cover Page Addendum in the Guidance Packet,
Section G-G.3, <http://www.sde.idaho.gov> for more Information.

Applicant Name _____

21st CENTURY COMMUNITY LEARNING CENTERS 2009-2010 GRANT BUDGET SUMMARY -- BY TOTAL REQUEST

The following format should be used to summarize the major line items that constitute the entire 5-year budget request.

Entire Grant Budget period: ☐ July 1, 2009 - June 30, 2014

	100% CCLC GRANT		100% CCLC GRANT		100% CCLC GRANT		90% CCLC GRANT 10% OTHER \$		80% CCLC GRANT 20% OTHER \$	
	Project – Year One		Project – Year Two		Project – Year Three		Project – Year Four		Project – Year Five	
Budget Categories	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds	Grant Request	Matching/ In-Kind Funds
1. Personnel										
2. Fringe Benefits										
3. Travel/Professional Development										
4. Equipment										
5. Supplies										
6. Transportation										
7. Purchased Services										
8. Evaluation (4% set aside for ID Mgmt./Eval System. DO NOT include this cost in budget request)	0		0		0		0		0	
9. Other/Licensure										
10. Total Direct Costs (1-9)										
11. Total Indirect Costs										
12. Total Costs (10 & 11)										
13. *GRAND TOTAL										

*Add Grant Request and Matching/In-Kind Funds totals together for Grand Total

Instructions on the following page.

INSTRUCTIONS FOR COMPLETING THE BUDGET SUMMARY BY TOTAL REQUEST FORM

This form is available at <http://www.sde.idaho.gov/site/cccl> in PDF and WORD format. The forms may be printed through the web site, but cannot be submitted electronically.

- ◆ Complete the top of the form by filling in the applicant name. It should be identical to the applicant name found in Box 1 of the "Cover Page."
- ◆ Indicate the grant budget period. Projects begin on July 1 2009 and have a five-year duration. The date should be identical to the Project Duration selected in Box 10 (B) of the Cover Page.
- ◆ The "21st CCLC Grant Budget Summary by Total Request" (A-33) form is a synopsis of major line items for all proposed expenditures for both requested grant funds and applicant contributions. Indicate the amount budgeted for grant funds and matching/in-kind funds.
- ◆ Category Evaluation – 4% set aside per applicant for Idaho Management/Evaluation system. DO NOT include this cost in budget request "\$0".
- ◆ At the bottom of the form calculate the "Total Grant Funds" for each column.
- ◆ Grand Total-The final row of the form should be completed by calculating the total of each column by adding the total grant funds and total matching/in-kind contributions for each object code.

HELPFUL HINTS

- ◆ The figures on the budget summaries must be rounded.
- ◆ Place a "0" on each line item for which no grant funds or matching/in-kind funds are proposed.
- ◆ For each major budget category provide the total Grant Funds and total Matching/In-Kind Funds proposed per year of the five-year grant period.

See the Budget Summary by Total Request form In the Guidance Packet, Section G-G.4,
<http://www.sde.idaho.gov> for more information.

Applicant Name

21st CENTURY COMMUNITY LEARNING CENTERS 2009-10 GRANT ANNUAL BUDGET JUSTIFICATION (FOR GRANT FUNDS ONLY)

The following form must be used to summarize specific expenditures on the Year 1 budget summary request.

Year 1 Budget period: ☐ July 1, 2009 - June 30, 2010

BUDGET CATEGORIES	EXPLANATORY NOTES & JUSTIFICATION (INCLUDE CALCULATIONS)	GRANT FUNDS REQUESTED
Subtotal for this page		
Grand Total		

Instructions on the following page.

INSTRUCTIONS FOR COMPLETING THE ANNUAL BUDGET JUSTIFICATION (FOR GRANT FUNDS ONLY) FORM

This budget form is available at <http://www.sde.idaho.gov/site/cclc> in PDF and WORD format. The forms may be printed through the web site, but cannot be submitted electronically.

On the "21st CCLC Grant Annual Budget Justification (For Grant Funds)" (A-35), the justification must include an itemization of what will be purchased, including the per unit or hourly/daily breakdown of costs for all funds budgeted in salaries, purchased services and equipment budget summary categories.

(1) Complete the top of the form by filling in the applicant name. It should be identical to the applicant name found in Box 1 of the Cover Page.

(2) Indicate the budget period. Projects begin on July 1, 2009. The date selected should be identical to the Project Duration selected in Box 10 (B) of the Cover Page.

HELPFUL HINTS

(1) Itemize the specific proposed expenditures. The budget justification should be very specific.

(2) The figures on the Budget Justification form must be rounded.

(3) If applicable, "white out" the page number before duplicating the budget justification form.

(4) Remember to keep the budget justification separate for grant funds requested (A-35) versus matching/in-kind funds contributed (A-37). A separate form is provided for each.

See the example of a completed Annual Budget Justification form in the Guidance Packet
Section G-G.5, <http://www.sde.idaho.gov/site/cclc> for more information.

Applicant Name _____

**21st CENTURY COMMUNITY LEARNING CENTERS 2009-10 GRANT ANNUAL BUDGET JUSTIFICATION
 (FOR MATCHING/IN-KIND FUNDS ONLY- 30% OF TOTAL REQUEST REQUIRED)**

The following form must be used to summarize specific expenditures on the Year 1 budget summary request.

Year 1 Budget period: ☐ July 1, 2009 - June 30, 2010

BUDGET CATEGORIES	EXPLANATORY NOTES & JUSTIFICATION (INCLUDE CALCULATIONS)	IN- KIND/MATCHING CONTRIBUTION
Subtotal for this page		
Grand Total		

Instructions on the following page.

INSTRUCTIONS FOR COMPLETING THE ANNUAL BUDGET JUSTIFICATION (FOR IN-KIND/MATCHING FUNDS ONLY) FORM

This budget form is available at <http://www.sde.idaho.gov/site/cclc> in PDF and WORD format. The forms may be printed through the web site, but cannot be submitted electronically.

On the "21st CCLC Grant Annual Budget Justification (For Matching/In-Kind Funds)" (A-37) form, the applicant must provide further explanation of the items that will be purchased, including the per unit or hourly/daily breakdown of costs for all funds budgeted in salaries, purchased services and equipment budget summary categories.

(1) Complete the top of the form by filling in the applicant name. It should be identical to the applicant name found in Box 1 of the Cover Page.

(2) Indicate the budget period. Projects begin on July 1, 2009. The date should be identical to the Project Duration selected in Box 10 (B) of the Cover Page.

HELPFUL HINTS

- (1) Itemize the specific proposed expenditures. The Budget Justification should be very specific.
- (2) The figures on the Budget Justification form must be rounded.
- (3) If applicable, "white out" the page number before duplicating the budget justification form.
- (4) Remember to keep the budget justification separate for grant funds requested (A-35) versus matching/in-kind funds contributed (A-37). A separate form is provided for each.

See the example of a completed Annual Budget Justification form in the Guidance Packet Section G-G.5, <http://www.sde.idaho.gov/site/cclc> for more information.

**21st Century Learning Center
Application – Waiver Form**

If sufficient need is demonstrated, request for waivers of application policies may be granted.

Please check the area of requesting waiver:

<input type="checkbox"/>	To waive the competitive priority #2 requirement that the application be submitted jointly by at least one school building benefiting from 2008-2009 Title 1, Part A funds, and at least one public or private community-based organization (CBO) due to the lack of a CBO within reasonable geographic proximity and of sufficient quality;
<input type="checkbox"/>	To exceed the \$15/hour or \$120/day limit, or school district contract rate for stipends for grant-related non-contract time work;
<input type="checkbox"/>	To exceed the \$62.50/hour or \$500/day limit for consultants;
<input type="checkbox"/>	To waive the competitive priority #2 requirement that the application be submitted jointly due to reasonable geographic proximity and of sufficient quality;

Give explanation/reason/cost breakdown for the waiver request:

Authorized Applicant Representative Signature

Date